

STATE OF MICHIGAN
DEPARTMENT OF LICENSING & REGULATORY AFFAIRS
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
MICHIGAN TAX TRIBUNAL
SMALL CLAIMS DIVISION

_____,
Petitioner,

v

MTT Docket No. _____

_____,
Respondent.

____ Petitioner's Telephone Number Form

____ Respondent's Telephone Number Form

Please provide the telephone number at which **you and your attorney or authorized representative will be available** on the date and time for your status conference, prehearing conference, or hearing, as appropriate. If this information is **not received** by the Tribunal **by the day prior to the day for the conducting of your status conference or hearing**, the case **may** be dismissed **or** a default hearing conducted, as provided by TTR 231.¹

Petitioner's/Petitioner's Attorney or Authorized Representative (if applicable) telephone number:
Name: _____
(____) _____

Respondent's/Respondent's Attorney or Authorized Representative (if applicable) telephone number:
Name: _____
(____) _____

Please complete and mail this form to:

**Michigan Tax Tribunal
P.O. Box 30232
Lansing, MI 48909**

If you have any questions, the Tribunal's telephone number is (517) 373-4400.

¹ See also MCL 205.732.